

**MULTIPLE DEPENDENT CLAIM
 FEE CALCULATION SHEET**
 (FOR USE WITH FORM PTO-873)

SERIAL NO.
10/070177

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/															
2	/															
3	/															
4	/															
5	/															
6	/															
7	/															
8	/															
9	/															
10	/															
11	/															
12	/															
13	/															
14	/															
15	/															
16	/															
17	/															
18	/															
19	/															
20	/															
21	/															
22	/															
23			/		/											
24			/		/											
25			/		/											
26			/		/											
27			/		/											
28			/		/											
29			/		/											
30			/		/											
31			/		/											
32																
33																
34																
35																
36																
37																
38																
39																
40																
41																
42																
43																
44																
45																
46																
47																
48																
49																
50																
TOTAL IND.	2		1		1											
TOTAL DEP.	32		10		10											
TOTAL CLAIMS	34		11		11											

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY